

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-8-04.

I. DISPUTE

Whether there should be reimbursement for work hardening and supplies from 8-7-03 through 9-25-03.

II. FINDINGS

The medical necessity items for dates of service 8-7-03 through 8-11-03, CPT Code 99499 on 9-9-03 and dates of service 9-12-03 through 9-25-03 were withdrawn by a fax from the provider on 4-16-04. The insurance carrier has submitted documents showing that they have reimbursed the provider for work hardening on 8-12-03, 8-13-03, 8-14-03, 8-15-03, 9-8-03, 9-9-03 and 9-10-03. These items are no longer part of this dispute. The Division shall proceed to resolve the one remaining unresolved medical fee dispute in accordance with Rule 133.307.

On 4-27-04 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice. These medical fees are discussed in Section III.

III. RATIONALE

CPT code 99070 for date of service 8-12-03 was not included on the HCFA submitted to the insurance carrier according to 133.300. Therefore, there is no evidence that this item was billed.
Recommend no reimbursement.

The above Findings are hereby issued this 29th day of October, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division